

Statewide Portable Equipment Registration Program
FORM 3-C - Application for Portable Confined Abrasive Blasting Registration
 (Auto-fill format. Use "Tab" or up/down arrows to enter information)

1. Company Name:	
2. Equipment Manufacturer:	3. Model:
4. Nozzle Diameter: inches or gauge	5. Serial Number:
Operating Pressure: psi	6. Company Unit ID (optional):
7. Abrasives Used <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> Aluminum Oxide</div> <div style="width: 20%;"><input type="checkbox"/> Black Beauty</div> <div style="width: 20%;"><input type="checkbox"/> Garnet</div> <div style="width: 20%;"><input type="checkbox"/> Glass Bead</div> <div style="width: 20%;"><input type="checkbox"/> Sand</div> <div style="width: 20%;"><input type="checkbox"/> Mineral Slag</div> <div style="width: 20%;"><input type="checkbox"/> Plastic Shot</div> <div style="width: 20%;"><input type="checkbox"/> Silicon Carbide</div> <div style="width: 20%;"><input type="checkbox"/> Steel Shot</div> <div style="width: 20%;">Sand Type:</div> <div style="width: 20%;"><input type="checkbox"/> Steel Grit</div> <div style="width: 20%;"><input type="checkbox"/> Walnut Shell</div> <div style="width: 20%;"><input type="checkbox"/> Other</div> <div style="width: 20%;">Other Type:</div> </div>	
8. Control Equipment Information	
Type of Filters: <input type="checkbox"/> Fabric <input type="checkbox"/> Cartridge	
Control Efficiency: %	
Attach Manufacturer's Specifications or Engineering Data Which Demonstrates a Minimum Particulate Matter Control of 99% For Dust Collection Equipment.	
Are Fabric Dust Collectors Equipped With Operational Pressure Differential Gauges? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right;"><input type="checkbox"/> N/A (No Fabric Collectors)</div>	
9. Home District Designation (optional):	
10. Do you intend to use this unit in State Territorial Waters (STW)? <input type="checkbox"/> STW only <input type="checkbox"/> Onshore <input type="checkbox"/> Both	
<i>Please note: This form is used to register abrasive blasting equipment units. If you wish to register the engine that drives a compressor used to power the unit, please complete Form 2.</i>	

(Form 3-C)

1. *Company Name* - Legal name of entity, business, organization, agency or private individual that operates equipment.
2. *Manufacturer* - for example: Simons, Rexnord, or your company name if built in house.
3. *Model* - may be a series of numbers or letters or combinations of numbers and letters, for example, 3612.
4. *Nozzle Diameter and Pressure* - Enter the nozzle diameter in inches or nozzle gauge and the operating pressure at the nozzle in pounds per square inch (psi).
5. *Serial Number* - A unique, unit specific number, usually on the equipment nameplate. The serial number is necessary to ensure that each piece of registered equipment can be uniquely identified and matched to its respective registration certificate number.
6. *Company Unit ID number (optional)* - For reference. Enter your company's unit or equipment number.
7. *Abrasives Used* - a list of the types of abrasives used, if “sand” or “other” is indicated the type must be listed. Note: all abrasives must be California Air Resources Board certified.
8. *Control Equipment Information* - Particulate control equipment must be listed and described.
Control Efficiencies - List control efficiencies as a percentage of particulate controlled.
Operational Pressure Differential Gauge - Fabric dust collectors must be equipped with an operational pressure differential gauge to measure the pressure drop across the filters. If you do not have a pressure gauge, explain how filters are monitored. If fabric collectors are not used indicate N/A. Vent filters do not require pressure gauges.
9. *Home District Designation* - Indicate the one air pollution control or air quality management district in which this unit is most commonly operated. This district will be designated as your “home” district. It is not required that a home district be designated.
10. *State Territorial Waters* - Please check the appropriate box indicating whether or not you are intending to operate your equipment unit in State Territorial Waters.